

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$437.00 for dates of service, 02/15/01, 02/28/01, 03/20/01, 04/09/01 & 05/14/01.
- b. The request was received on 02/13/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. Position statement
 2. HCFA 1500(s)
 3. EOB(s)
 4. Letter to the Compliance & Practice Division of TWCC
 - b. Additional documentation requested on 06/10/02, received on 06/17/02.
 1. Position statement
 2. Letter to the Compliance & Practice Division of TWCC
 3. Request for reconsideration to the Carrier, dated 01/08/02
 4. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/25/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/26/02. The response from the insurance carrier was received in the Division on 07/03/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of additional information submitted Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 02/07/02

“SINCE THE INSURANCE CARRIER DID NOT HAVE VALID REASON FOR DENIAL OF CARE WHICH WAS MEDICALLY NECESSARY, WE HEREBY REQUEST THE DIVISION TO ASSIST IN RESOLVING THIS MEDICAL DISPUTE IN FAVOR OF THE PROVIDER FOR SERVICES WHICH WERE MEDICALLY NECESSARY.”

2. Respondent: Letter dated 07/02/02

“**03/20/01 CPT code 99213 (billed without MP modifier)-** (Exhibit 2) It is this carrier's position the office visit is global to the FCE, without the examination documented in the office visit the requester did not comply with the required components necessary to bill for an FCE, because physical medicine procedures were performed (and reimbursed separately) on the same day does not warrant an office visit or remove the physical examination from the required components of the FCE.

04/09/01 97750-FC- The requester billed for an FCE for date of service 04/09/01. The 04/01/96 TWCC Medical Fee Guideline, Medicine Ground Rule I, E, 2, a, requires a start and end time. The requester did not provide a start and end time on the FCE report. (Exhibit 3) Additionally, the requester did not provide a physical examination report a required component of the FCE.

05/14/01 code 99213 (billed without MP modifier)- This carrier denied the charge for an office visit with the following explanation:

F – T,N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.

Review of the documentation does not support reimbursement for the problem focused office visit. There is NO history, NO physical exam, and NO medical decision making. (Exhibit 4)

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/15/01, 02/28/01, 03/20/01, 04/09/01 & 05/14/01. The Requestor's representative faxed a notice of withdrawal for dates of service, 02/15/01 and 02/28/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$296.00 for services rendered on the above remaining dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above remaining dates in dispute.
5. The Carrier's EOB denies reimbursement as "G – 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES INDICATE THAT THIS SERVICE IS AN INTEGRAL COMPONENT OF ANOTHER SERVICE, PROCEDURE, OR PROGRAM. SEPARATE REIMBURSEMENT IS NOT ALLOWED FOR THIS PROCEDURE."; "F – N ACCORDING TO THE 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES ON PAGE 35, THE START AND END TIME MUST BE DOCUMENTED." and "F – T,N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/20/01	99213	\$48.00	\$0.00	G	\$48.00	MFG; E/M GR; CPT Descriptor	The Carrier has denied reimbursement for CPT Code 99213 as "G – 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES INDICATE THAT THIS SERVICE IS AN INTEGRAL COMPONENT OF ANOTHER SERVICE, PROCEDURE, OR PROGRAM. SEPARATE REIMBURSEMENT IS NOT ALLOWED FOR THIS PROCEDURE." Pursuant to the MFG, office visits are separate CPT codes. These services are not global to a FCE. Therefore, additional reimbursement of \$48.00 is recommended.
04/09/01	97750 FC	\$200.00	\$0.00	F,N	\$100.00/hr	MFG; MGR (I) (E) (2); CPT Descriptor	The Carrier has denied reimbursement for CPT Code 97750 FC as "F – N ACCORDING TO THE 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES ON PAGE 35, THE START AND END TIME MUST BE DOCUMENTED." The start and end times are noted on the Provider's FCE report submitted for review. In their response statement, the Carrier states, "the requester did not provide a physical examination report a required component of the FCE." While this appears true, the Carrier's EOB denial only addresses the Requestor's failure to submit start and end times on the FCE. Because this denial was not addressed prior to the fee dispute submission it will not be addressed. Therefore, additional reimbursement of \$200.00 is recommended.
05/14/01	99213	\$48.00	\$0.00	F,T,N,	\$48.00	MFG; E/M GR; CPT Descriptor	The Carrier has denied reimbursement for CPT Code 99213 as "F – T,N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED." The office note submitted for date of service, 05/14/01, states, "Patient came in for an office visit."; <u>no</u> additional information is noted. The Requestor has not submitted medical documentation to support services as billed. Therefore no additional reimbursement is recommended.
Totals		\$296.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$248.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$248.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt